

FORM
CPG-X

DEPARTMENT OF ECOLOGY
APPLICATION FOR COORDINATED PREVENTION GRANT
January 1, 2004 - December 31, 2005

(1) APPLICANT INFORMATION			
<input type="checkbox"/> County <input type="checkbox"/> City		<input type="checkbox"/> Health District/Department <input type="checkbox"/> Other	
Applicant Name:		Contact Person:	
Address:		Title:	
		Phone:	
		FAX:	
Federal Tax Identification Number:		E-Mail:	
Contact Person for Billing/Invoice Questions		Payment Should be Made Payable to:	
Phone:		Payment Should be Mailed to	
(2) REGULAR FUNDING REQUEST			
TOTAL PROJECT COST	STATE FUNDS/GRANT AMOUNT	LOCAL MATCH	
		Cash	Interlocal Cost
\$	\$	\$	
(3) SUPPLEMENTAL FUNDING REQUEST			
TOTAL PROJECT COST	STATE FUNDS/GRANT AMOUNT	LOCAL MATCH	
		Cash	Interlocal Cost
\$	\$	\$	

Note: Supplemental requests must be separated from regular requests on all application forms.

CERTIFICATION AND AGREEMENT

The undersigned representative certifies that the information submitted herewith is true and correct to the best of their knowledge and belief, and that they are authorized to submit this application.

The applicant agrees that if a grant is awarded on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions, and with the applicable terms, conditions, and procedures of the Department of Ecology grant regulations and of the grant agreement.

Applicant _____

Name (printed) _____ **Signature** _____

Title _____ **Date** _____

Instructions for FORM CPG-X

APPLICATION FOR COORDINATED PREVENTION GRANT

(1) APPLICANT INFORMATION

The applicant is the local government with authority and responsibility for developing and implementing local hazardous waste and solid waste plans, or the jurisdictional health authority.

- Show the name, mailing address, and federal tax identification number of the applicant.
- The contact person is the person who has prepared this application. It should be someone who will be able to answer questions that Ecology may have about the information on the application forms. Also include the name and address of where grant reimbursement funds should be mailed.

(2) REGULAR FUNDING REQUEST

Before you can finish this section, you will need to complete your project requests (Form CPG-Y) and budgets by object (Form CPG-Y-1).

Total Project Cost

This is the total of all costs allowable for funding by a coordinated prevention grant.

State Funds/Grant Amount

This is the part of the project cost that will be borne by Ecology.

Local Match

Local match is the part of the project cost that will be borne by the applicant. You can meet the local match amount in two ways:

- Cash is any cash outlay for the project, regardless of the source of the funds, for direct costs of goods and/or services, salaries and benefits of employees, overhead costs, and payments made to contractors.
- Interlocal cost is an in-kind contribution made to a project by another government, according to a valid written agreement (such as an Interlocal Agreement) between the contributor and the grant recipient. The agreement must detail the work to be accomplished, the goods and services to be provided, and their value.

(3) SUPPLEMENTAL FUNDING REQUEST

This section is for project requests beyond initial grant allocations should additional funds become available. Follow the same instructions as above.

To receive this document in alternative format, contact the Solid Waste and Financial Assistance Program at 360-407-6129 (Voice), 711, or 1-800-833-6388 (TTY).